

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. MCCAUL FOR CONGRESS**

Mailing Address 3508 FAR WEST BOULEVARD

City  
AUSTINState  
TXZip Code  
78731Purpose of Disbursement  
2006 PRIMARY-VOID 2/27/06 CHKCandidate Name  
MICHAEL MCCAUL011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.18509

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

**B. MIKE HONDA FOR CONGRESS**

Mailing Address 50 W. SAN FERNANDO

City  
SAN JOSEState  
CAZip Code  
95113Purpose of Disbursement  
2006 PRIMARYCandidate Name  
MICHAEL MAKOTO HONDA011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 15

Transaction ID: SB23.18201

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City  
SACRAMENTOState  
CAZip Code  
95841Purpose of Disbursement  
2006 PRIMRYCandidate Name  
C MICHAEL THOMPSON011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.18190

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00

TOTAL This Period (last page this line number only) ..... ►